Department of Health
Early Intervention Services

Sustainability Report

Performance Period April – June 2003

Introduction

This report presents information about the performance of operations and services of the Early Intervention Section (EIS) and Healthy Start from April through June 2003. Data are presented in six performance areas: Enrollment, Service Gaps, Personnel, Training Opportunities, Quality Assurance, and Funding. The status of children in the early intervention system who received internal reviews is also reported.

Data are provided on the number of children who were served, by island and statewide.

Service gap data are provided on the number of Part C eligible infants and toddlers who experienced service gaps, by island and statewide. Plans to address service gaps are also provided.

Personnel information, by island and statewide, is collected to determine whether there are sufficient personnel to serve the eligible population. Personnel data for EIS is divided by their roles: social work, direct service, and central administration positions. Caseload data are provided on the number and percentage of social workers who have weighted caseloads of no more than 1:45. Personnel data for Healthy Start staff (central administration positions) are provided.

Training data include the number of early intervention staff, families, and other community providers (including Department of Education preschool special education teachers, community preschool staff, etc.) who participated in training activities. This report provides information on trainings provided by or supported by EIS and Healthy Start.

Information on quality assurance activities for EIS and Healthy Start are provided.

Funding data on appropriations, allocations, and expenditures are also provided.

Enrollment

Early Intervention Section

Monthly enrollment data for infants and toddlers served by EIS from April through June 2003 are:

Table 1. EIS Monthly Enrollment Data

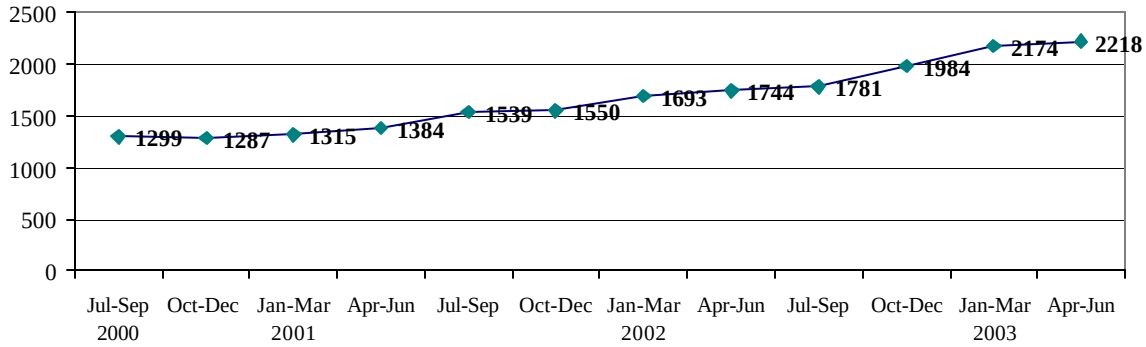
Month	Monthly Enrollment	Island					
		Oahu	Hawaii	Maui	Kauai	Molokai	Lanai
April 2003	2203	1516	275	254	111	41	6
May	2218	1529	268	254	119	42	6
June	2234	1526	264	267	125	44	8

Note: Enrollment information includes children provided care coordination by EIS (including Early Childhood Services Programs), Purchase of Service programs, and Public Health Nurses.

The continuing growth in early intervention can be attributed to the on-going child find activities that include increased public awareness efforts throughout the state such as increased participation in health fairs and other community activities. Information on child development and how to access developmental support is also provided. Increased collaboration with pediatricians and family practitioners to ensure they are knowledgeable about Part C eligibility and early intervention has resulted in increased referrals to Hawaii Keiki Information Service System (H-KISS). In addition, the increased collaboration among all early childhood providers has expanded the knowledge of early intervention statewide, and again, resulted in new referrals. Finally, the expanded hospital screening by Healthy Start providers and the funding of new Early Head Start programs result in more children who are identified with developmental delays and referred for early intervention services.

The quarterly enrollment (average monthly enrollment for the quarter) since July 2000 shows the increasing trend in number of children served:

Graph 1. EIS Quarterly Enrollment from July 2000 to June 2003



Note: Only partial data from Public Health Nursing Branch (PHNB) is available for July 2000 - June 2001. From July 2001 more complete data was available from PHNB.

Healthy Start

The Department of Health determined in early 2002 that Healthy Start is a covered entity under the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996. The privacy provisions of HIPAA limit the use and release of individually identifiable health information, restrict most disclosure of health information to the minimum needed for the intended purpose, and establish safeguards and restrictions regarding disclosure of records for certain public responsibilities. The federal deadline for covered entities to be compliant with the HIPAA privacy regulations was April 14, 2003.

Healthy Start staff, with the Family Health Services Division, worked on and achieved compliance with the HIPAA privacy regulations by the April 14, 2003 deadline. There has been little impact on Healthy Start's hospital-based screening since HIPAA implementation. Recently the Department of Health achieved a major goal of negotiating new policies and procedures with birthing hospitals to standardize screen/assessment protocols statewide while maintaining privacy compliance. These policies and procedures will be implemented as soon as they are finalized and will be monitored by the Quality Assurance Specialist to determine program impact and subsequent future program planning.

Birth rates for Hawaii are as follows:

April	1,175 births
May	1,283 births
June	1,176 births

Monthly enrollment data for infants and toddlers served by Healthy Start for April-June 2003 are:

Table 2. Healthy Start New Enrollment Data

Month	New Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	134	84	19	10	8	7	6
May	146	104	17	7	10	6	2
June	144	100	15	10	12	6	1

Monthly new enrollment increased slightly over the three-month period. At this point, HIPAA does not seem to be impacting overall state enrollment.

Table 3. Healthy Start Active Enrollment Data

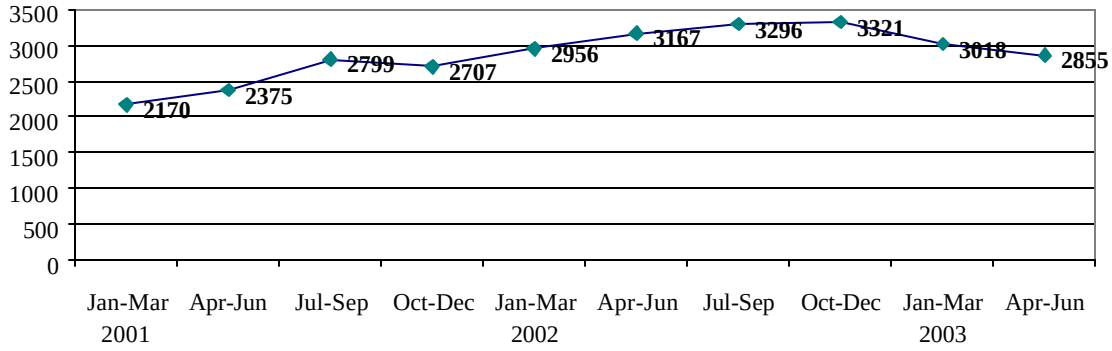
Month	Active Enrollment	Island					
		Oahu	East Hawaii	West Hawaii	Maui/Lanai	Kauai	Molokai
April	2872	1906	376	184	226	118	71
May	2912	1961	350	183	229	117	72
June	2780	1843	337	187	223	118	72

Monthly active enrollment fluctuated during the three-month period, with the most variation on Oahu. East Hawaii has a clear downward trend. Possible reasons are: fluctuating birthrates, voluntary nature of the program, staff turnover at purchase of service (POS) agencies, and program performance. The state Healthy Start staff will

continue to monitor and work with POS agencies to improve staff retention and program performance.

The quarterly averages since July 2002 show a decreasing trend in number of children served:

Graph 2. Healthy Start Average Quarterly Enrollment from January 2001 to June 2003.



There is no clear factor attributable for this trend although birthrate and voluntary acceptance rate have a clear impact on the number of children being served. The Quality Assurance Specialist will continue to work with programs to improve acceptance rates, staff retention, and program performance.

Service Gaps

The tables below provide information on the type of service gaps for EIS and Healthy Start for April-June 2003. Service gaps are divided into two types: full service gaps (Table 4) where no services were provided to the child and partial service gaps (Table 5) where alternative services were provided. For children receiving multiple services, when a specific therapist is not available, there is generally a partial service gap, as another therapist, using a transdisciplinary format, will provide services. If the child requires only 1 service (e.g., speech therapy) and a therapist is unavailable to provide direct services, there may be a full service gap. When this occurs, the care coordinator typically will provide information on activities that the family can use with their child to support his/her development until a provider is available.

Table 4. Full Service Gaps by Month

Service Gap	April	May	June
Occupational Therapy	1 (Maui)	0	0
Physical Therapy	0	0	2 (Maui)
Psychological Services	0	0	0
Special Instruction	0	0	0
Speech Therapy	0	1 (Oahu)	0
Individual Behavioral Support Services	0	0	0
Home Visiting	0	0	0
Developmental Evaluation	0	0	0
Full Gap Total	**1**	**1**	**2**

Table 5. Partial Service Gaps by Month

Service Gap	April	May	June
Occupational Therapy	6 (Oahu)	7 (Oahu)	7 (Oahu)
Physical Therapy	10 (Oahu)	4 (Oahu) 1 (Hawaii)	2 (Oahu) 1 (Hawaii)
Psychological Services	0	0	0
Special Instruction	1 (Hawaii) 1 (Oahu)	3 (Oahu)	4 (Oahu)
Speech Therapy	5 (Oahu)	4 (Oahu) 1 (Maui)	4 (Oahu)
Individual Behavioral Support Services	0	1 (Oahu)	1 (Oahu)
Home Visiting	0	0	0
Developmental Evaluation	0	0	0
Partial Gap Total	**23**	**21**	**19**

The number of partial service gaps for the April-June 2003 quarter is similar to the number of gaps identified in March 2003. In reviewing additional information on the partial service gaps, it was found that the 23 partial gaps in April impacted 19 children, 18 from DOH, Early Childhood Service Programs (ECSPs) and 1 from a Purchase of Service (POS) program. The 21 partial gaps in May also impacted 19 children, 17 from ECSPs and 2 from POS programs. There were 19 partial gaps in June, which impacted 17 children. Sixteen of the children were served at ECSPs, while only 1 child was served at a POS program. Probable reasons for the gaps are the increased numbers of children eligible for early intervention services (see Table 1) and vacancies in direct service staff (see Table 7). However, Table 7 also provides information that 3 additional direct service positions, a special educator, an occupational therapist, and a physical therapist will be hired in July 2003. It is expected that service gaps will decrease in next quarter's report.

Related to the issue of increasing numbers of children, insufficient staff, and service gaps is the federal requirement (IDEA, Part C) to provide services in the family's natural environment. The time required for traveling to families' homes or other community locations reduces the caseload capacity for therapists, which may also result in service gaps. There are also increased requests for weekend and late afternoon services.

EIS and early intervention programs continue to review different service delivery models, including the use of transdisciplinary services, with consultation by other therapists to meet the outcomes listed on the Individualized Family Support Plans (IFSP). However, this service option is not appropriate for all children; service delivery decisions must be made based on the individual needs of each child. The Kapiolani Medical Center's Mobile Team originally provided transdisciplinary services to the majority of their children. However, because of the medical concerns and fragility of the children they are now serving, multiple providers are frequently necessary. Service decisions are made at the IFSP meetings by the entire team. Additional training in the transdisciplinary service delivery method is being provided to ensure that recommended IFSP services are appropriate.

Personnel

Goal: 90% of EIS social work positions are filled.

EIS has a total of 48 social work positions statewide. Forty-four (44) positions provide care coordination services. The remaining 4 positions provide administrative functions and are included in the data on administrative positions. At the end of the June 2003, 38 of the 44 social work positions that provide care coordination services, or 86%, were filled, which is below the statewide goal of 90%. However, since the end of June, 2 additional social work positions were filled, for a total of 40 or 91% filled, which meets the goal of 90% filled. Recruitment continues for the vacant positions. Lists of eligible applicants have been received for all vacant positions and interviews are being scheduled.

During this year's legislative process, the 9 positions previously hired as emergency funded temporary positions were approved as permanent positions.

EIS continues to monitor vacant positions and weighted caseloads monthly to assess the need for additional social work positions. If necessary, there will be a request for additional positions in the Supplemental Budget process.

The following table provides information on the 44 social work positions that provide care coordination services, by island and statewide:

Table 6. EIS Social Work (SW) Positions Providing Care Coordination, by Island, as of June 2003.

Island	SW Positions – Total #	SW Positions – Filled #	SW Positions – Filled %
Oahu	29	23*	79%*
Hawaii	7	7	100%
Maui	5	5	100%
Kauai	3	3	100%
Total	**44**	**38***	**86%***

* As of July 7, 2003 2 additional Oahu positions were filled, increasing the % filled on Oahu to 86% and statewide to 91%.

Not included in the above table is the social worker/care coordinator for Molokai's Ikaika program. Since the agency does not have a DOH position, Ikaika is provided additional funds in their purchase of service (POS) contract to pay for a 0.5 FTE social worker to provide social work and care coordination services. Also not included is a 1.0 FTE social worker for Imua on Maui. Imua was provided additional funds in their POS contract due to the increase in children served. EIS intends to request funds through the supplemental budget process to move this position to a state position.

Goal: 90% of EIS direct service positions are filled.

The EIS has 43 direct service positions statewide. These positions include early intervention therapists (speech-language pathologists, occupational therapists and physical therapists), psychologists, special education teachers, vision and hearing specialists, a nutritionist, and paraprofessionals. Not included are the Early Childhood Service Unit program managers and supervisor, as they spend the majority of their time providing administrative supervision and support to program staff. They are included in the count of administrative positions in Table 8. At the end of June 2003, 36 of the 43 direct service positions, or 84%, were filled, below the goal of 90%. However, by mid-July 2003, the SPED III position was filled, and by the end of July it is expected that the OT and one of the vacant PT positions will be filled. Once hired, the percentage filled on Oahu will increase to 94% and statewide to 91%.

The following table provides information on the direct service positions statewide and by island:

Table 7. EIS Direct Service Positions by Island, as of June 2003.

Island	Direct Service Positions – Total #	Direct Service Positions – Filled #	Direct Service Positions – Filled %	Vacant Positions
Oahu	36	31*	86%*	OT III – 1*, PT III – 2*, SPED III – 1*, SLP IV - 1
Hawaii	7	5	71%	OT III - 1, SLP III - 1
Total	**43**	**36**	**84%**	

Note: OT = occupational therapist; PT = physical therapist; SPED = special education teacher; SLP = speech-language pathologist; PMA = paramedical assistant (paraprofessional)

* As of July 17, 2003 the SPED III position was filled and a recommendation was made for one of the PT positions. The OT III position is expected to be filled as of July 22, 2003. Once hired, the % filled on Oahu will increase to 94% and statewide to 91%.

In addition to EIS direct service staff, EIS has over fifty contracts with fee-for-service providers who support the direct service staff. These contracted providers serve eligible infants and toddlers when there are staff vacancies and/or increases in referrals that cannot be met by either the ECSP or POS staff. They also help support the ECSPs when the service needs of the enrolled children exceed the capacity of the staff.

As noted previously, EIS currently utilizes fee-for-service providers to support the increased number of eligible children. EIS is currently in the process of reviewing service options to meet the increased number of eligible children. This may include expanding the POS programs to decrease the reliance on fee-for-service providers.

In the most recent Request for Proposal (RFP) process for early intervention POS providers, an additional contract was funded to support the increased growth in the Kapolei area. This new program is expected to relieve some of the overload in the ECSPs and to provide additional service options for families care coordinated by PHNs but provided services by fee-for-service providers.

Goal: 90% of EIS and Healthy Start central administration positions are filled.

Early Intervention Section

The EIS has 48 administrative positions statewide. These positions include unit supervisors and specialists in the areas of contracts, internal monitoring, public awareness and training; computer support staff, accounting staff, and clerical and billing staff. Also included in the count of administrative positions are the Social Worker V who supervises the Family Centered Services Unit social workers who provide care coordination, the two Social Worker II positions who are responsible for the Hawaii Keiki Information Service System (H-KISS), the Social Worker IV on the island of Hawaii who supervises the 7 Hawaii social workers, and the managers and supervisor for the Early Childhood Services Programs. At the end of June 2003, 47 of the 48 administrative positions, or 98%, were filled, exceeding the goal of 90%.

The following table provides information on the administrative positions statewide and by island:

Table 8. EIS Administrative Positions by Island, as of June 2003.

Island	Administrative Positions – Total #	Administrative Positions – Filled #	Administrative Positions – Filled %	Vacant Positions
Oahu	44	43	98%	SW II (for H-KISS)
Hawaii	4	4	100%	
Total	**48**	**47**	**98%**	

To support the expanding administrative responsibilities of EIS, EIS requested and received legislative approval for additional administrative positions to support the section's infrastructure. This included: a Public Health Administrative Officer (PHAO) to support budgetary and contractual responsibilities; 5 Quality Assurance staff to support the quality assurance activities statewide, including program monitoring, supporting the development of program improvement plans, and implementing internal reviews; 2 clerical staff to support the increased number of administrative positions; 4 billing clerks to support the Early Intervention Carveout requirements; and a coordinator and clerk-typist for the Newborn Hearing Screening Program.

Healthy Start

Healthy Start has 9 administrative positions on Oahu. These positions include a program supervisor; registered professional nurse; research statistician; specialists for the areas of quality assurance, data management, and contract management; clerical; and billing staff. As of the end of June 2003, all nine positions (100%) are filled.

Goal: 90% of EIS caseloads will be no more than 1:45 weighted caseloads.

Of the 44 EIS social worker positions who provide care coordination services, weighted caseload data is provided on 39 positions - the 38 positions that provided care coordination during the month of June 2003 (from Table 6) and the additional Imua position funded by the DOH. Only 20, or 51%, had weighted caseloads no higher than 1:45 (Table 9). However, there is statewide variability with the average Neighbor Island ratio better than 1:45, with Oahu as the only island exceeding that ratio (Table 10).

The "weight" is determined by the number of hours needed per month per family for care coordination and social work services. A child who is "monitoring" receives a weight of 0.25, a child who requires 3-5 hours/month is considered "moderate" and has a weight of 1, and a child who requires 6 or more hours/month of care coordination and social work services is considered "intense" and has a weight of 3. In addition, a weight of 1 is also given to the social worker "liaison" for any child served by an early intervention program whose care coordinator is from another agency (e.g., PHN, Healthy Start). This added weight is critical to ensure that the program social worker has the time to collaborate with the care coordinator.

The following tables show the percentage of EIS social workers with weighted caseloads not more than 45 (Table 9), and projected EIS average caseloads when all the care coordinator positions are filled (Table 10):

Table 9. EIS Social Workers with Weighted Caseloads Not More than 45, by Island, as of June 2003.

Island	# FTE Social Workers Providing Care Coordination as of June 2003	Number with Weighted Caseload No More than 45	Percent with Weighted Caseload No More than 45
Oahu	24*	10	42%
Hawaii	7	5	71%
Maui	5**	3	75%
Kauai	3	2	67%
Total	**39**	**20**	**51%**

* 2 Oahu positions were vacant at the end of June; however as they provided care coordination during the month, they are included in the count in this table.

** 1 Maui staff person was on leave during the month of June, and therefore did not provide care coordination during that month. However, this also includes the position located at Imua funded by the DOH.

Table 10. Projected EIS Average Caseloads When All the Social Work Positions are Filled

Island	# FTE Social Worker Positions for Care Coordination	%FTE Social Worker Positions for Care Coordination	Total Weighted Caseload*	Average Caseload (Projected)
Oahu	29	26.75	1423.25	53
Hawaii	7	7.00	249.75	36**
Maui & Lanai	6***	5.25	200.75	38
Kauai	3	3.00	133.00	41

* Total weighted caseload as of June 2003.

** There are 3 programs in different geographical areas of Hawaii: Hilo, Kona, North Hawaii.

*** Includes the social work position located at Imua, funded by the DOH.

In comparing the two tables, it appears that the only concern is on Oahu, as even when all positions are filled, the average caseload will still exceed 1:45.

Two activities are planned that are expected to impact the current ratios.

1) The new Kapolei POS program has been provided funds for a care coordinator position. As this new program will take over some of the direct service overload from ECSPs, it should also impact the care coordination ratio. The Kapolei program is in the process of negotiating for a program site and hiring staff. They are expecting the program to be fully operational as of October 1, 2003, and will begin services as soon as staff are hired.
2) The Speech Pathologist IV position for EIS is being converted to a social work position to provide an additional resource to the EIS Care Coordination Unit. The original need for this position, supporting the communication needs of infants and toddlers with autism, has decreased as staff training on working with this population increases.

PHNs also provide care coordination to infants and toddlers with special needs, specifically those with medical concerns. The December 2002 child count showed that the PHNs provided care coordination to 522 infants and toddlers with special needs. The numbers of infants and toddlers requiring care coordination from PHNB has increased over the past three years (based upon Dec. 1 child counts for 2000-2002) as follows: 12/1/00 = 494; 12/1/01 = 510; 12/1/02 = 522). Regular meetings with PHNB are scheduled to review the care coordination needs of infants and toddlers with medical concerns.

Training Opportunities

Early Intervention Section

Training provided and/or financially supported by EIS for April-June 2003 impacted 452 early interventionists, community preschool and DOE preschool special education teachers and 72 family members. Close to $1000 was spent for childcare reimbursement to support the attendance of families at trainings or conferences.

There is a continuing focus on providing information on IDEA, Part C requirements, IFSP development, timeline requirements, service delivery options, natural environments, teaming, and transition. The formal orientation is a 3-day process to thoroughly cover the above topical areas. The following is a list of training topics and number of attendees:

- **Early Intervention Awareness.** Presentations were made to Honolulu Community College students, Oahu community providers, Hickam Air Force Base Family Child Care Providers, and Oahu families being served by Families for R.E.A.L. Fifty-four providers and 11 family members attended this training.

- **Early Intervention Orientation, Day 1: Part C and Hawaii's Requirements.** Day 1 of the 3-day training focuses on Individuals with Disabilities Education Act (IDEA) Part C, Hawaii's implementation of IDEA, the family-centered philosophy, and communication skills with families. Attendees included staff at

Imua Family Services (formerly Imua Rehab) and Early Head Start Staff. A total of 26 providers attended these presentations.

- **Early Intervention Orientation, Day 2: IFSP and Care Coordination.** Day 2 of the 3-day training includes IFSP development, care coordination and information on natural environments. Fifteen early intervention providers on Maui and 11 Early Head Start providers attended these trainings.

- **Early Intervention Orientation, Day 3: Transition.** Day 3 of the 3-day training includes information on transdisciplinary service provision, teaming, and transition. The DOE State 619 (Preschool) Coordinator generally participates in these trainings. Individual trainings were provided to staff from three early intervention programs (Maui and Oahu programs) and Oahu Early Head Start providers, for a total of 44 attendees. Other trainings that focused on transition issues included a specialized training on transition awareness for 7 EIS staff and a presentation at the Hilo TOTS Fair, which impacted 23 early intervention and DOE staff and 17 families.

- **Supporting Children with Challenging Behaviors.** The Keiki Care Project Coordinator provided 7 trainings on practical approaches to supporting children with challenging behaviors that impacted 73 individuals. Attendees included preschool teachers at Navy Child Development Centers, community preschools, a Hawaiian immersion preschool and students enrolled in a course on Children with Special Needs at Honolulu Community College.

- **Inclusion.** One hundred preschool providers and 15 PHNs attended trainings on how to successfully include children with special needs in community settings. This training is required for military child development certification, and was attended by navy, marine, and air force community child care providers.

- **Consultation Model.** The Keiki Care Coordinator presented information to state and district DOE preschool coordinators on the itinerant consultation model for preschool inclusion and at the Big Island Early Childhood Conference. Fifteen DOE preschool and early intervention providers attended the meetings.

- **Other Trainings.** A training on promoting healthy social and emotional development was presented to 29 Barber's Point Child Development Center staff. Sixteen early intervention staff received training on how to access fee-for-service providers to meet IFSP objectives.

In addition to the above trainings provided by EIS staff, EIS provided funding to support early interventionists and families to attend the following conference:

- **Special Parent Information Network (SPIN) Conference.** EIS both co-sponsored this conference and provided financial support to 24 staff and 44 family members to attend this conference.

PHNB works collaboratively with EIS in providing training for PHNB staff related to IDEA, Part C and its implementation. An Orientation Program, which includes training on all aspects of IDEA, Part C, is provided to all new PHNs within 6 months of their hire.

An orientation manual is provided. Retraining sessions for current staff are also provided.

In addition to providing training, EIS participates in a number of awareness activities that provide information on early intervention to the general public and impact referrals. During the April-June 2003 quarter, information on early intervention was shared at:

- Parent and Child Fairs at Pearlridge, Windward, and Kahala Malls; Kauai, Maui, Hilo, and Kona
- 2003 SPIN Conference
- 2003 New Baby Expo
- Third Annual Hawaii Families as Allies Conference

Early intervention brochures were given to "Read To Me International Foundation," a private, non-profit agency headquartered in Honolulu, for inclusion in hospital birth packets. The foundation, created in 1997, was a result of a partnership between the Governor's Council for Literacy and Lifelong Learning and the Rotary Club of Honolulu Sunrise. Because of the foundation's focus on developing literacy, EIS contacted them to include information on early intervention in their packets. EIS is currently providing the foundation with 3000 brochures quarterly.

Healthy Start

The following training was provided during April-June 2003 for Healthy Start program staff under the Healthy Start Training & Technical Assistance Contract.

- **Basic Training:** Basic training builds on the knowledge and skills first introduced in Core training. Attendees may include Family Support Workers, Family Assessment Workers, Clinical Supervisors, Child Development Specialists and Clinical Specialists. Dates were from April 3rd through June 19th with 20 different topics covered including domestic violence, substance abuse, and dynamics of child abuse and neglect with the number of participants ranging from fifteen to thirty-one.

- **Family Support Worker (FSW)/Supervisor Core:** 4 newly employed Family Support Workers attended this four-day training that covers the core tasks and responsibilities of the family support worker position within the home visiting program. A Clinical Manager, a Program Manager, a Child Development Specialist, and a Clinical Specialist also attended. In addition, 3 new FSW Clinical Supervisors also attended a fifth day covering the basic aspects of FSW supervision.

In addition to the above trainings provided under the Healthy Start Training & Technical Assistance Contract, the Healthy Start program office funded a workshop on Motivational Interviewing for Family Support Workers and Family Assessment Workers from May 20th through May 23rd. The presenters were from the mainland and are experts in the field. The focus was on improving engagement and retention via this critical skill. There were a total of five sessions: three sessions on Oahu, one on Maui, and one on Hawaii.

Quality Assurance

Early Intervention Section

EIS has a 3-prong approach to quality assurance (QA):

1. **Internal Program Improvement.** Each program is responsible to develop an internal program quality assurance plan to support program improvement. There is a 3-part process that results in the development of the Improvement Plan.

   - Survey Completion. Families, care coordinators, and providers are surveyed regarding their satisfaction with the program's services and supports, and a program self-assessment. Survey questions were developed to be consistent with IDEA Part C and program contractual requirements.
   - Self-Assessment. Program staff completes a Program Self-Assessment to identify areas of strength and those that need improvement. Self-assessment questions were developed to be consistent with IDEA Part C and program contractual requirements.
   - Action Plan for Program Improvement. Based upon the Self-Assessment, an action plan is developed that lists improvement activities, persons responsible, expected results, resources, and timelines. Each plan will be reviewed and approved by EIS.

   To date, 13 of the 16 early intervention programs have completed their Improvement Plans. EIS is reviewing the plans submitted and will provide feedback to the programs by September 2003 (projected date). EIS is also working with the remaining 3 programs to support their completion of the process. The QA Specialists are intended to support the implementation of the plans as well as the necessary paperwork to document progress.

2. **On-Site Monitoring.** EIS has state teams monitoring all early intervention programs (both DOH and POS programs). Monitoring includes:

   - Program & Contractual Requirements. Each agency's policies and procedures are reviewed to evaluate whether they are consistent with program and contractual requirements as well as federal standards (e.g., Occupational Health and Safety Administration standards, American with Disabilities Act, drug-free policies, etc.). A sample of personnel records and security/storage protocol of confidential information are reviewed.

   - IDEA, Part C Requirements. A sample of child charts are evaluated on a variety of indicators including: meeting IDEA timelines; inclusion of evaluation reports, IFSPs, consents, and progress/anecdotal notes in each chart; and confirmation that information on procedural safeguards was provided to each family. IFSPs are reviewed utilizing a checklist to ensure that they include all required components, including a transition plan if appropriate and completion of transition activities (based on the child's age). In addition to the chart review, an "IDEA Requirements Checklist" is completed to determine if programs have policies and procedures consistent with IDEA Part C.

- Internal Program Quality Assurance Plan. The program's QA plan is reviewed and compared with the monitoring results for consistency. The monitoring report includes information from this plan as well as from the on-site monitoring.

Seven of 16 programs were monitored during the October 2002 to March 2003 period on a variety of issues as described above. All programs have policies and procedures that support program and contractual requirements as well as federal standards and IDEA requirements. One program is in the process of finalizing its draft procedures. Other specific issues reviewed included: providing services in natural environments, meeting timelines, providing comprehensive developmental evaluations, meeting IFSP requirements, chart documentation, and transition between early intervention programs and DOE or another service provider at age 3. Areas of strength included: providing services in natural environments, providing comprehensive developmental evaluations, and appropriate chart documentation. Areas that need improvement included: documenting timelines, ensuring that transition procedures are followed, and meeting IFSP requirements. After receipt of the monitoring reports, programs have 90 days to develop and submit a corrective action plan. The plan will then be reviewed, approved, and monitored by EIS staff.

Monitoring of the remaining 9 programs began in April 2003 and will be completed by August. A summary of strengths and needs will be included in the next quarterly report.

As discussed above in Training Opportunities, all early intervention programs are participating in training on IDEA Part C requirements. It is expected that when charts are monitored next year, there will be an increased number of strengths and a decreased number of needs.

3. **Internal Reviews.** Internal Reviews (previously called service testing) provides the opportunity for an objective observation of a child's progress and to what extent the system supports the child and family.

EIS will continue to fully participate in the internal review process and will include an early intervention child in all complex reviews. The only reason for participation not to occur is if there are no Part C eligible children in a specific complex, or if the families of children in the complex do not consent to be reviewed. Training has been provided to early intervention staff on how to communicate with families so that families will consent to participate in the review.

A recent training on the internal review process has resulted in an increased number of reviewers.

The approval to hire 5 Quality Assurance Specialists (described in Administrative Personnel) is intended to support the increased quality assurance activities of EIS. They will be geographically located to support the monitoring of ECSP and POS early intervention programs, support the programs' development of the Improvement Plans, and participate in internal reviews.

Healthy Start

Purchase of service (POS) providers continue to implement individual Quality Improvement Plans focusing on strategies for engagement and retention, with varying impact. The neighbor island sites appear to create a more suitable environment for success, due to a smaller number of births coupled with both Early Identification (EID) and Home Visiting (HV) services usually housed within the same agency. The solution to these issues is not easily identifiable or remedied. It is not simply a matter of replicating on Oahu the policies and procedures that have proven effective on the neighbor islands. The EID Oahu agency appears to have issues with continuity, communication, coordination, and staff turnover combined with a higher volume of births.

Currently there are also other factors negatively affecting the program and corresponding quality assurance/improvement activities. For example, monthly Felix reports do not fully portray the true results of the program because the report timeline is from the first day to the last day of every month. Those giving birth on the last day of the month are not usually screened/assessed that very day. Also, births that are ineligible are included in the denominator, negatively impacting percentages.

Another factor has been that the most recent Request for Proposal (RFP) process resulted in the first ever truly competitive bid process where historical and sole POS agencies were not awarded the contract. Awards for home visiting on Maui and Oahu, and early identification of Oahu have been protested. As stated earlier, Oahu is a major focus of quality improvement activities particularly, for early identification.

In response:

- The Healthy Start program has been working through the transition process from the former POS agencies to the current Awardees as the programs are very aware of and responsive to the need for no gap in service. This includes the Healthy Start Training Contract, and home visiting and early identification for Molokai. Thus far, both are being successfully transitioned.

- The Healthy Start program has been working through the protest process including contract extensions for the current POS agencies stated above and corresponding transition plans with the current Awardees to be fully prepared regardless of the protest outcome. Again, it is the goal of the Maternal and Child Health Branch (MCHB) to facilitate a smooth transition with no gap in service for these areas.

- The Oahu protest has been settled and MCHB is working with the new contractor Child and Family Service to transition early identification activities.

- The Healthy Start program has been working in conjunction with The Health Resource Consortium to establish standardized protocol, policy and procedure to be implemented in all hospitals across the state in response to HIPAA and related Healthy Start program activities.

Funding

Early Intervention Section

A total of $7,694,737 in state funds was appropriated for FY 2003 and $8,064,737 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). The majority of the first quarter allocation supported POS and fee-for-service contracts.

Table 11. EIS Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
1st quarter – July-Sept. 2002	4,388,046	4,388,046	4,454,908
2nd quarter – Oct.-Dec. 2002	982,682	5,370,728	5,485,221
3rd quarter – Jan.-Mar. 2003	1,614,500	6,985,228	7,189,111
4th quarter – Apr.-June 2003	1,079,509	8,064,737	8,197,910**

* Source: Financial Accounting and Management Information System (FAMIS) report.
** Information as of 7/14/03

Based on the above table, EIS incurred more expenses than originally allocated. The additional expenses were paid by other DOH accounts. Because of this, EIS will be closely monitoring expenses. If necessary, DOH will request additional resources via the supplemental/emergency budget request process.

In addition to state funds, EIS received federal Part C funds of $2,043,288 to support the provision of early intervention services.

Table 12. EIS Allocations and Expenditures/Encumbrances – Federal Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter*
1st quarter – July-Sept. 2002	968,112	968,112	957,253
2nd quarter – Oct.-Dec. 2002	417,000	1,385,112	1,292,707
3rd quarter – Jan.-Mar. 2003	417,000	1,802,112	1,598,267
4th quarter – Apr.-June 2003	416,156	2,218,268	1,675,448**

* Source: FAMIS report.
** Information as of 7/14/03

Healthy Start

A total of $21,689,277 in state funds was appropriated for FY 2003 and $21,721,338 was allocated for the year (difference due to additional funds authorized by the Legislature for collective bargaining increases). The following table shows allocations and expenditures/encumbrances:

Table 13. Healthy Start Allocations and Expenditures/Encumbrances – State Funds

	Allocation	Cumulative Allocation to End of Quarter	Cumulative Expenditures/ Encumbrances at End of Quarter[1]
1st quarter – Jul.-Sept. .2002	21,456,994	21,456,994	21,288,724
2nd quarter – Oct.-Dec. 2002	88,114	21,545,108	21,380,322
3rd quarter – Jan.-Mar. 2003	88,115	21,633,223	17,676,073 [3]
4th quarter – Apr.-June 2003	88,115	21,721,338	16,031,512 [2,3]

[1] Source: FAMIS report.
[2] Information as of 5/31/03.
[3] POS contracts were adjusted due to lower expenditures.

Summary

Strengths in the early intervention system from April through June 2003 include:

- ⇨ Increased enrollment for both infants and toddlers with developmental delays and environmental risks.
- ⇨ Continued focus on training early intervention providers to ensure they are both knowledgeable of IDEA Part C and are following federal and state mandates in serving Part C eligible infants and toddlers.
- ⇨ Additional training to community preschool providers to increase collaboration with early intervention providers.
- ⇨ Implementation of quality assurance and monitoring activities.
- ⇨ Approval by the legislature of positions to support the provision of care coordination and the infrastructure needs of the EIS administrative office.
- ⇨ The recent and expected hiring of ECSP staff to fill vacant positions.
- ⇨ The study that will recommend best options on how to meet the increasing numbers of children with developmental delays.